

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

**EMERGENCY MOTION FOR COMPASSIONATE
RELEASE/REDUCTION IN SENTENCE PURSUANT TO
18 U.S.C. § 3582(C)(1)(A) AND THE FIRST STEP ACT OF 2018**

COMES Movant, SUSAN ELISE PROPHET ("Prophet"), appearing *pro se*, and and in support of this memorandum would show as follows:

I. JURISDICTION

The district court's jurisdiction to correct or modify a defendant's sentence is limited to those specific circumstances enumerated by Congress in 18 U.S.C. § 3582. The scope of a proceeding under 18 U.S.C. § 3582(c)(2) in cases like this one is extremely limited. *Dillon v. United States*, 130 S.Ct. 2683, 2687(2010). It is black-letter law that a federal court generally "may not modify a term of imprisonment once it has been imposed." *Id.* However, Congress has allowed an exception to that rule "in the case of a defendant who has been sentenced to a term

of imprisonment based on a sentencing range that has subsequently been lowered by the Sentencing Commission.” 18 U.S.C. § 3582(c)(2); see also, *Freeman v. United States*, 131 S.Ct. 2685 (2011) (reciting standard for sentence modifications). Such defendants are entitled to move for retroactive modification of their sentences. *Dillon*, 130 S.Ct. at 2690–91.

II. PROCEDURAL HISTORY

A. Procedural Background

On February 25, 2014, a grand jury sitting in the United States District Court for the Western District of Missouri, Western Division, returned a sixteen (16) Count Indictment charging Prophet. See Doc. 1.¹ Counts 1 and 2 charged Prophet with Bank Fraud, in violation of 18 U.S.C. § 1344. *Id.* Count 3 charged Prophet with Wire Fraud, in violation of 18 U.S.C. §§ 1343 and 2. *Id.* Count 4 charged Prophet with Money Laundering, in violation of 18 U.S.C. §§ 1957 and 2. *Id.* Count 5 through 16 charged Prophet with Aggravated Identity Theft, in violation of 18 U.S.C. §§ 1028A and 2. *Id.* The Indictment also contained a Forfeiture Allegation, pursuant to 21 U.S.C. § 853(p). *Id.*

On August 13, 2014, a Change of Plea Hearing was held and Prophet entered

¹

“Doc.” refers to the Docket Report in the United States District Court for the Western District of Missouri, Western Division, in Criminal No. 4:14-cr-00047-DGK-1, which is followed by the Docket Entry Number.

a plea of guilty as to Counts 1 and 5 of the Indictment, pursuant to a written Plea Agreement. See Docs. 25, 26.

On June 30, 2015, Prophet was sentenced to a total term of 240 months' imprisonment, 5 years Supervised Release, \$668,889.88 Restitution, and a Mandatory Special Assessment Fee of \$200. See Docs. 34, 35.

On July 13, 2015, Prophet timely filed a Notice of Appeal. See Doc. 38.

On June 14, 2016, the United States Court of Appeals for the Eighth Circuit ("Eighth Circuit") issued an Order dismissing Prophet's appeal. See Doc. 53.

On July 18, 2016, Prophet filed a Motion under 28 U.S.C. § 2255 to Vacate, Set Aside or Correct Sentence by a Person in Federal Custody ("§ 2255 Motion"), which was denied on October 20, 2016. See Docs. 55, 57.

On September 28, 2020, Prophet filed a Motion for Sentence Reduction (Compassionate Release), which was denied on January 4, 2020, See Docs. 66, 73.

On September 20, 2021, Prophet filed a Second Motion for Compassionate Release, which was denied on January 20, 2022. See Docs. 77, 84.

On January 25, 2022, Prophet filed a Notice of Appeal re: denial of her Second Motion for Compassionate Release, however, the Eighth Circuit affirmed the District Court's judgment. See Docs. 87, 90.

On July 8, 2022, Prophet filed a Third Motion for Compassionate Release,

which was denied on November 21, 2022. See Docs. 95, 98.

On November 30, 2022, Prophet filed an appeal regarding the denial of her Third Compassionate Release. See Doc. 99. On December 8, 2023, the Eighth Circuit summarily affirmed the District Court's order denying Prophet's motion for compassionate release. See Doc. 103.

On March 8, 2023, Prophet filed a Writ of Certiorari, which was denied on May 15, 2023. No Doc. Entry.

B. Statement of the Facts

1. Offense Conduct

The United States and Prophet, through the advise of her counsel, agreed to the following facts constituting the offense to which she pleaded guilty for:

From December 16, 2012 to August 6, 2013 as the bookkeeper of Dorfman Plumbing Supply Company (“DPSC”) in Kansas City, in the Western District of Missouri, Susan E. Prophet embezzled \$543,034.26 by forging her employer, Charles Dorfman’s, signature on 104 checks, 99 of which were written to herself. Prophet endorsed the checks with the names “Susan Morriss,” “Susan Prophet” and “Susan Prophett.” The checks were drawn on DPSC’s business account held at UMB Bank held in Kansas City, Missouri. She deposited the checks into three of her accounts, some of which were opened with her name misspelled slightly or with other false information.

See Doc. 26 at 2-4; PSR ¶¶ 4-11.²

²

“PSR” refers to the Presentence Report in this case, which is immediately followed by the paragraph (“¶”) number.

2. Plea Proceeding

On August 13, 201, a Change of Plea Hearing was held before Chief District Judge Greg Kays. See Doc. 25. Prophet entered a plea of guilty as to Counts 1 and 5 of the Indictment, pursuant to a written Plea Agreement. See Doc. 26. In exchange for Prophet's guilty plea, the government agreed: (1) not to bring any additional charges against defendant for any federal criminal offenses related to bank fraud, wire fraud, theft from a government program, identity theft, money laundering and firearms, for which it has venue and which arose out of or in connection with the Prophet's conduct; and (2) dismiss Counts 2 through 4 and 6 through 16 of the Indictment, at sentencing. *Id.* at 14. The case was referred to the U.S. Probation Office for the preparation of the PSR.

3. Presentence Report Calculations and Recommendations

On March 24, 2015, the Probation Office prepared Prophet's PSR, which was revised on May 4, 2015. The 2014 Guidelines Manual was used to determine Prophet's offense level, pursuant to § 1B1.11(a). See PSR ¶ 17. Count 1: Bank Fraud, calls for a Base Offense Level of 7, pursuant to USSG § 2B1.1. See PSR ¶ 19. Fourteen (14) levels were added because the loss from the offense was greater than \$400,000 and less than \$1,000,000, pursuant to USSG § 2B1.1(b)(1)(H). See PSR ¶ 20. Two (2) levels were added because the offense involved sophisticated means

which included multiple bank accounts, falsifying documents, and forging signatures, pursuant to USSG §2B1.1(b)(10). See PSR ¶ 21. Another two (2) levels were added because Prophet abused a position of public or private trust, or used a special skill, in a manner that significantly facilitated the commission or concealment of the offense; therefore, increase by two levels, pursuant to USSG § 3B1.3. See PSR ¶ 23. Prophet received a three (3) level reduction for acceptance of responsibility, pursuant to USSG §§ 3E1.1(a) and (b). See PSR ¶¶ 27-28. The PSR calculated Prophet's Total Offense Level to be level 22. See PSR ¶ 29. Prophet's total criminal history score of 10, placed her in Criminal History Category V. See PSR ¶ 41. Based upon a Total Offense Level 22 and a Criminal History Category of V, the guideline imprisonment range was 77 to 96 months. See PSR ¶ 69. The term of 24 months imprisonment on Count 5, must be imposed consecutively to Count 1. See PSR ¶ 68.

4. Sentencing Proceeding

On June 30, 2015, a Sentencing Hearing was held before Chief District Judge Greg Kays. See Doc. 34. At sentencing, the Court sentenced Prophet to a term of 216 months on Count 1 and 24 months on Count 5, for a total term of 240 months' imprisonment; followed by supervised release for a term of 5 years on Count 1 and 1 year on Count 5, to be served concurrently; and ordered payment of MPA of \$668,889.88 Restitution and a Mandatory Special Assessment Fee of \$200. See Doc.

35. Counts 2, 3, 4, 6-16 were dismissed on the motion of the United States. *Id.* A timely Notice of Appeal was filed on July 13, 2015. See Doc. 38.

5. Appellate Proceeding

On Appeal, Prophet argues that the District Court erred procedurally and that the sentences were substantively unreasonable. On June 14, 2016, the Eighth Circuit enforced the appeal waiver in the Plea Agreement and dismissed Prophet's appeal. See Doc. 53; *United States v. Prophet*, 825 F.3d 904 (8th Cir. 2016).

6. Postconviction Proceeding

July 18, 2016, Prophet filed a § 2255 Motion, arguing the following grounds for relief: (1) defense counsel was ineffective for failing to provide Movant with sufficient information and advice regarding her case, coercing her into pleading guilty, and failing to take certain actions at sentencing; (2) the prosecutor committed misconduct by holding a bias against Movant and threatening Movant that, if she did not sign the plea agreement, he would seek charges in Kansas, add charges in Missouri, and “go after [her] family;” and (3) this Court was biased against Movant. Doc. 55. On April 20, 2017, the United States files Suggestions in opposition to Prophet's § 2255 Motion, arguing that Ground 1 is without merit and that Grounds 2 and 3 are procedurally barred and, alternatively, are without merit. In reply, Prophet argues that she had telephone conversations with defense counsel while she was

housed at Leavenworth Detention Center which were recorded and will support her claims regarding counsel's deficient performance. On October 20, 2016, upon review of the record, the District Court denied Prophet's § 2255 Motion and denied to issue a certificate of appealability. See Doc. 57.

III. DISCUSSION

As a preliminary matter, Prophet respectfully requests that the Court be mindful that "a *pro se* complaint should be given liberal construction, we mean that if the essence of an allegation is discernible ... then the district court should construe the complaint in a way that permits the layperson's claim to be considered within the proper legal framework." See *Solomon v. Petray*, 795 F.3d 777, 787 (8th Cir. 2015); *Estelle v. Gamble*, 429 U.S. 97 (1976) (same); and *Haines v. Kerner*, 404 U.S. 519 (1972) (same).

A. Federal Courts Have the Jurisdiction and Power to Reduce An Existing Sentence

This Court has the power to adjust Prophet's sentence. District courts no longer need a motion from the Bureau of Prisons to resentence a federal prisoner under the compassionate release provisions of 18 U.S.C. § 3582(c)(1)(A)(i). A district court may now resentence if the inmate files a motion after exhausting administrative remedies. The reasons that can justify resentencing are not limited to medical, age, or family circumstances. A district court may resentence if the inmate demonstrates

extraordinary and compelling reasons for a sentence reduction. Such reasons are present in this case.

1. Historical Framework

Congress first enacted the compassionate release provisions in 18 U.S.C. § 3582 as part of the Comprehensive Crime Control Act of 1984. That legislation provided that a district court could modify a final term of imprisonment when extraordinary and compelling reasons warrant such a reduction. 18 U.S.C. § 3582(c)(1)(A)(i). In 1984, this provision was conditioned on the Bureau of Prisons (BOP) filing a motion in the sentencing court. Absent a motion by the BOP, a sentencing court had no jurisdiction to modify an inmate's sentence. Congress did not define what constitutes an "extraordinary and compelling reason," but the legislative history recognized that the statute was intended, in part, to abolish and replace federal parole. Rather than have the parole board review for rehabilitation only, Congress authorized review for changed circumstances:

The Committee believes that there may be unusual cases in which an eventual reduction in the length of a term of imprisonment is justified by changed circumstances. These would include cases of severe illness, cases in which other extraordinary and compelling circumstances justify a reduction of an unusually long sentence, and some cases in which the sentencing guidelines for the offense of which the defendant was convicted have been later amended to provide a shorter term on imprisonment. S. Rep. No. 98-225 at 55-56 (1983).

18 U.S.C. § 3582 acts as a “safety valve” for the “modification of sentences” that would previously have been addressed through the former parole system. *Id.* at 121. The provision was intended “to assure the availability of specific review and reduction of a term of imprisonment for “extraordinary and compelling reasons” and [would allow courts] to respond to changes in the guidelines.” *Id.* Thus, sentencing courts have the power to modify sentences for extraordinary and compelling reasons.

2. Section 3582(c)(1)(A) is Not Limited To Medical, Elderly or Childcare Circumstances

Congress initially delegated the responsibility for determining what constitutes “extraordinary and compelling reasons” to the United States Sentencing Commission. 28 U.S.C. § 994(t) (“The Commission...shall describe what should be considered “extraordinary and compelling reasons” for sentence reduction, including the criteria to be applied and a list of specific examples.” Congress provided one limitation to that authority: “[r]ehabilitation of the defendant alone shall not be considered an extraordinary and compelling reason.” 28 U.S.C. § 994(t). Rehabilitation could, however, be considered with other reasons to justify a reduction.

In 2007, the Sentencing Commission defined “extraordinary and compelling reasons” as follows:

- (A) Extraordinary and Compelling Reasons - Provided the defendant meets the requirements of subdivision (2), extraordinary and

compelling reasons exist under any of the following circumstances:

- (i) The defendant is suffering from a terminal illness.
- (ii) The defendant is suffering from a permanent physical or medical condition, or is experiencing deteriorating physical or mental health because of the aging process, that substantially diminishes the ability of the defendant to provide self care within the environment of a correctional facility and for which conventional treatment promises no substantial improvement.
- (iii) The death or incapacitation of the defendant's only family member capable of caring for the defendant's minor child or minor children.
- (iv) As determined by the Director of the Bureau of Prisons, there exists in the defendant's case an extraordinary and compelling reason for purposes of subdivision (1)(A). USSG §1B1.13, Application Note 1.

As we will see, with the passage of The First Step Act, subparagraph (iv) is no longer limited by what the BOP decides is extraordinary and compelling.

Historically, the BOP rarely filed motions under § 3582(c)(1)(A), even when the inmates met the objective criteria for modification. See U.S. Dep't of Justice Office of the Inspector General, The Federal Bureau of Prisons Compassionate Release Program (Apr. 2013). The Office of the Inspector General also found that the BOP failed to provide adequate guidance to staff on the criteria for compassionate release, failed to set time lines for review of compassionate release requests, failed to create formal procedures for informing prisoners about compassionate release, and failed to generate a system for tracking compassionate release requests. *Id.* at i-iv.

Congress heard those complaints and in late 2018 enacted The First Step Act.

3. The First Step Act

The First Step Act, P.L. 115-391, 132 Stat. 5194, at (Dec. 21, 2018), among other things, transformed the process for compassionate release. *Id.* at § 603. Now, instead of depending upon the BOP to determine an inmate's eligibility for extraordinary and compelling reasons and the filing of a motion by the BOP, a court can resentence "upon motion of the defendant." A defendant can file an appropriate motion if the he or she has exhausted all administrative remedies or "the lapse of 30 days from the receipt of such a request by the warden of the defendant's facility, whichever is earlier." 18 U.S.C. § 3582(c)(1)(A). The purpose and effect of this provision is to give federal courts the ability to hear and resentence a defendant even in the absence of a BOP motion. Congress labeled this change "Increasing the Use and Transparency of Compassionate Release." 164 Cong. Rec. H10346, H10358 (2018). Senator Cardin noted in the record that the bill "expands compassionate release under the Second Chance Act and expedites compassionate release applications." 164 Cong. R. 199 at S7774 (Dec. 18, 2018). In the House, Representative Nadler noted that the First Step Act includes "a number of very positive changes, such as ... improving application of compassionate release, and providing other measures to improve the welfare of federal inmates." 164 Cong. R. H10346-04 (Dec. 20, 2018).

Once an inmate has pursued administrative remedies through the BOP, upon his or her motion, the sentencing court has jurisdiction and the authority to reduce a sentence if it finds “extraordinary and compelling reasons” to warrant a reduction. Judicial authority is no longer limited to cases that have the approval of the BOP.

4. Prophet Has Exhausted Administrative Remedies

A motion by an inmate can be filed in the district court after (1) the inmate has made the request to the Warden, and (2) either the request was denied or 30 days have lapsed from the receipt of the request, whichever is sooner. First Step Act of 2018, section 803(b), Pub. L. No. 115-391, 132 Stat. 5194, 5239 (2018).

On April 1, 2022 and July 8, 2023, Prophet filed Motions for Compassionate Release to the Warden, FCI Waseca, which was both denied by the District Court. See Exhibit 1, Docs. 95, 98. Because 30 days have passed and the BOP failed to file a motion on Prophet’s behalf, exhaustion of administrative remedies is not an issue in this case. See 18 U.S.C. § 3582(c)(1)(A).

B. Prophet’s Current Conditions of Confinement and Health Conditions

Prophet, age 54, suffers from incurable, progressive diseases, from which she will never recover, to wit: Asthma and Chronic Obstructive Pulmonary Disease (COPD). Prophet also suffers from dyspnea (shortness of breath) and arthritis. See

Exhibit 2. Prophet started to have severe breathing problems after contracting COVID-19 on September 28, 2020.

Asthma. Asthma is a long-term disease of the lungs. You might hear your doctor call it a chronic respiratory disease. It causes your airways to get inflamed, narrow and swell, and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing, shortness of breath, and chest tightness are classic asthma symptoms.

Asthma attacks can be fatal. A severe asthma attack can prevent you from getting enough oxygen into your lungs and can even stop your breathing. Therefore, severe asthma attack requires emergency medical attention.

Chronic Obstructive Pulmonary Disease. It is a progressive disease, which means it gets worse over time. With COPD, less air flows in and out of the airways, making it hard to breathe.

In the United States, the term COPD includes two main conditions:

- Emphysema develops when there's damage to the walls between many of the air sacs in the lungs. Normally, these sacs are elastic or stretchy. When you breathe in, each air sac fills up with air, like a small balloon. When you breathe out, the air sacs deflate, and the air goes out. In emphysema, it is harder for your lungs to move air out of your body.
- Chronic (long-term) bronchitis is caused by repeated or constant irritation and inflammation in the lining of the airways. Lots of thick mucus forms in the airways, making it hard to breathe.

Most people who have COPD have both emphysema and chronic bronchitis, but how serious each condition is varies from person to person.

COPD can cause coughing that produces large amounts of a slimy substance called mucus. It can also cause problems breathing, shortness of breath, chest tightness, and other symptoms. Symptoms of COPD often develop slowly but worsen over time, and they can limit your ability to do routine activities.

Serious COPD may prevent you from doing even basic activities like walking, cooking, or taking care of yourself.

Although there is no cure, treatments and lifestyle changes such as quitting smoking can help you feel better, stay more active, and slow the progress of the disease. You may also need oxygen therapy, pulmonary rehabilitation, or medicines to treat complications.

Asthma-COPD Overlap

Asthma is considered severe when it is difficult to treat and manage the symptoms. While COPD is a collection of lung diseases that cause breathing problems and obstruct airflow. This group of diseases can include refractory (severe) asthma, emphysema and chronic bronchitis.

Most people with asthma will not develop COPD, and many people with COPD don't have asthma. However, it's possible to have both. Asthma-COPD overlap syndrome (ACOS) occurs when someone has these two diseases at once.

Signs of ACOS include:

- Difficulty breathing
- Wheezing
- Frequent coughing
- Tightness in the chest
- Excess phlegm
- Feeling tired
- Low physical tolerance for exercise
- Shortness of breath during routine activities

Although symptoms may not always be severe, ACOS is serious and can be deadly. In 2014, chronic lower respiratory diseases – primarily COPD – were the third

leading cause of death in the U.S., according to the Centers for Disease Control and Prevention. About 3,500 people die of asthma each year, nearly half of whom are age 65 or older.

People with asthma may not realize they also have COPD. Sometimes COPD isn't diagnosed until it's in the "moderate" stage, meaning they are experiencing frequent shortness of breath, coughing and heavier-than-normal mucus. Misdiagnosis can occur because the symptoms of COPD mimic those of asthma.

Triggers

Asthma triggers often include allergens, such as pollen, dust mites, cockroaches, molds and animal dander. Allergens can make COPD symptoms worse. And if left untreated, allergies and asthma can increase the chances for COPD in certain individuals. But COPD is not the same thing as asthma, and COPD is not caused by allergies or asthma. COPD is a collection of lung diseases. Sometimes asthma is part of the collection and sometimes it isn't. However, COPD can result from long-term exposure to some of the same environmental risk factors – often in workplaces – that also can cause occupational asthma.

Smoking is the greatest risk factor for developing COPD. Smoking is a dangerous aggravation to all respiratory problems. It can decrease your life expectancy and interfere with your treatment plan. The most important thing you can

do for your health is to stop smoking.

<https://acaa.org/asthma/types-of-asthma/asthma-copd-overlap/>

In this case, when Prophet contracted COVID-19 in 2020, she has been having severe breathing problems. Also, Prophet had been put on different inhalers. The doctor considered her a long hauler³ and that, they really did not know what else to do for Prophet. Last July, the doctor requested approval for Prophet to go see a pulmonary doctor. It was approved on July 25, 2021 and it was only on December 14, 2022, Prophet was seen by a pulmonologist.⁴ The consultation was scheduled after Prophet made multiple sick calls due to shortness of breath, developing arthritis, and numbness of her hands. For the past few years, the BOP has been treating her asthma despite the evident ineffectiveness of medications prescribed to Prophet, instead of immediately exploring other medical treatment suitable for her.

On the Spirometry Report done by Dr. Elizabeth S. Morton (“Dr. Morton”), Pulmonary Medicine, it suggested that Prophet developed COPD causing her to experience shortness of breath and that she may have a different response to

³

People with long COVID, or “long-haulers,” are COVID-19 survivors but they have persistent symptoms such as shortness of breath, fatigue, headaches, palpitations, and impairments in mental health and cognition.

⁴

A pulmonologist is a physician who specializes in the respiratory system. From the windpipe to the lungs, if your complaint involves the lungs or any part of the respiratory system, a pulmonologist is the doctor you want to solve the problem.

treatment. *Id.* Dr. Morton noted that occasional changing of cold/hot weather, a great deal of mold exposure in the prison, and the smoke exposure with other inmates smoking K2 trigger Prophet's asthma. Because Prophet's asthma condition was poorly controlled and continued exposure to irritants led her to COPD development. It makes Prophet's breathing worse and labored. It is essential to note that the BOP seemed to fail in addressing the K2 smoking which turned into smoking methamphetamine, K2 laced with PCP, and bug spray. These are major lungs irritants, not just to Prophet, but for other inmates whose suffering with other lung diseases, too. However, the BOP has not been able to control or eradicate the said smoking issue. More so, had the BOP immediately scheduled Prophet to see a pulmonologist, there is a great chance that her medical condition would not be as poor as it is now. It is evident that Prophet cannot obtain her own treatment nor can she see a specialist any time she demands— prisoners are at the mercy of the institutions that incarcerate them. On April 20, 2023, Prophet made a follow-up with Dr. Morton, complaining about her asthma. *Id.* Despite being prescribed with different set of medications and Prophet's compliance to it, Dr. Morton observed that Prophet did not benefit from the change in inhalers. Prophet still experiences shortness of breath on exertion and the need to wake up at night, for every 30 minutes, just to sit up and catch her breath. These could be prevented with simple remedies, however, Prophet's great exposure

to fumes and molds was the major factor. Should Prophet continue with a long-term exposure to irritants, including methamphetamine smoke, K2 laced with PCP, and bug spray— there is a high probability that she may not make it— this is a terrifying theory based on a solid ground that her medical health is in debilitating condition.

Accordingly, Prophet’s motion should be granted.

C. Prophet Has “Extraordinary and Compelling Reasons” For Compassionate Release

Courts around the country have granted compassionate release where the defendant suffers from a serious condition that increases the likelihood of severe consequences from COVID-19. See, e.g., *United States v. Coles*, No. 00-cr-20051, 2020 WL 1976296, at *7 (C.D. Ill. Apr. 24, 2020) (hypertension, prediabetes, prostate issues, bladder issues, and a dental infection); *United States v. Bess*, No. 16-cr-156, 2020 WL 1940809, at *8 (W.D.N.Y. Apr. 22, 2020) (congestive heart failure, coronary artery disease, diabetes, and hypertension); *United States v. Zukerman*, No. 16 Cr. 194 (AT), 2020 WL 1659880, at *5 (S.D.N.Y. Apr. 3, 2020) (diabetes, hypertension, and obesity); *United States v. Williams*, No. 3:04cr95/MCR, 2020 WL 1751545, at *3 (N.D. Fla. Apr. 1, 2020) (coronary disease, peripheral vascular disease, congestive heart failure, end-stage renal disease, hyperlipidemia, and prediabetes); *United States v. Watkins*, Case No. 15-20333 (E.D. Mich. Jul. 16, 2020),

granting compassionate release to prisoner whose only underlying condition was previously-treated latent TB; and *Singh v. Barr*, No. 20-CV-02346-VKD, 2020 WL 1929366, at *10 (N.D. Cal. Apr. 20, 2020) (granting release from immigration custody for petitioner with latent TB, hypertension, and obesity); and *United States v. Gerard Scparta*, No. 18 Cr. 578 (AJN), ECF Dkt. 69 (S.D.N.Y. Apr. 19, 2020). In *Scparta*, Judge Nathan granted a compassionate release motion of a 55-year old defendant who suffers from high blood pressure, high cholesterol, sleep apnea, and hypertension. The court found that it could waive § 3582(c)(1)(A)'s 30-day waiting period and hear the motion, and describes FCI Butner's "Kafkaesque" "14-day quarantine" process—which is neither a true "quarantine" nor actually limited to 14 days—before releasing inmates to home confinement.

Prophet urges the Court to consider the following compassionate release grants:

United States v. Janies, 2020 WL 7213820, at *2 (D.S.D. Dec. 4, 2020)

- FCI Beaumont Low
- Release date March 2024, has served 45.3%
- 61 years old, diabetes, COPD, asthma, hypertension, hyperlipidemia, reflux, obesity, arthritis, missing part of lung

United States v. Janis, 2020 WL 7078678, at *2 (D.S.D. Dec. 2, 2020)

- 96 months
- Diabetes, COPD, asthma, hypertension, hyperlipidemia, obesity, lung resection
- FCI Beaumont Low

- Despite BOP's conditions of modified operations implemented to slow the spread of COVID-19 in prisons, the practical reality is many of the factors increasing community spread and individual risk of exposure to the virus are simply unavoidable in a prison setting

*United States v. Pape, 2020 WL 6042397, at *1 (D. Minn. Oct. 13, 2020)*

- Pape suffers from asthma and a suppressed immune system due to his prolonged use of a corticosteroid inhaler. Pape also has a history of bronchitis, chronic obstructive pulmonary disease ("COPD"), and hypertension.
- 180 month sentence for felon in possession of firearm, has served 8 years since 2012, stole from a car and there was a gun in the purse, career offender
- FMC Rochester, release date March 2025

*United States v. Darby, 2021 WL 2463841, at *2 (N.D. Ohio June 17, 2021)*

- "The Court acknowledges that Mr. Darby is vaccinated so he is at a reduced risk of contracting a serious form of COVID-19 but being vaccinated does not automatically preclude a defendant from demonstrating "extraordinary and compelling reasons" justifying a sentence modification"
- "The Court finds that Mr. Darby's health conditions, combined with his advanced age, are enough to demonstrate extraordinary and compelling reasons for a sentence reduction"
- FCI Gilmer, 170 months as career offender consecutive to state sentence, release date September 2030
- Had hypertension, cholesterol, asthma, pre-diabetes, obesity, kidney cancer
- "While it is true Mr. Darby has a lengthy criminal record, this argument is undercut by the disparity between Mr. Darby's current sentence, based on his classification as a "career offender," and what his sentence would be today under the Sixth Circuit's clarification of sentencing guidelines. It is well established that courts can consider non-retroactive changes in sentencing law when balancing the Section 3553(a) factors after finding that other factors establish eligibility."

For the reasons stated above, Prophet prays that this Court considers her motion due to her health conditions and substantial “extraordinary and compelling reasons.”

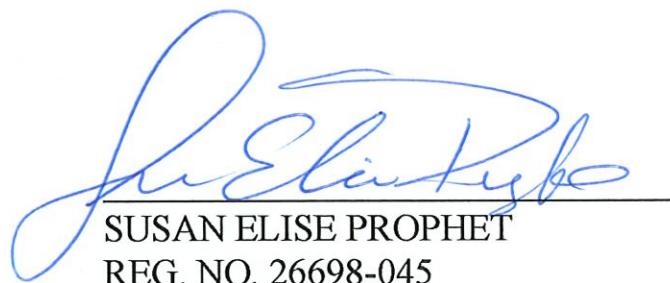
Accordingly, this motion should be granted.

V. CONCLUSION

For the above and foregoing reasons, Prophet prays this Court would consider her Motion for Compassionate Release pursuant to 18 U.S.C. § 3582(c)(1)(A) and First Step Act of 2018, based upon the “extraordinary and compelling reasons” and release her to home confinement or hold a hearing as soon as possible.

Respectfully submitted,

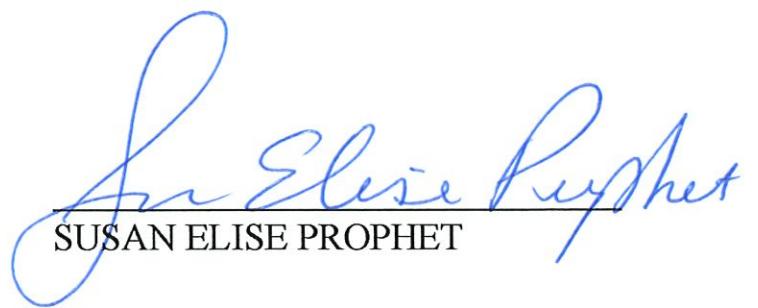
Dated: July __, 2023



SUSAN ELISE PROPHET
REG. NO. 26698-045
FCI WASECA
FEDERAL CORR. INSTITUTION
P.O. BOX 1731
WASECA, MN 56093
Appearing *Pro Se*

CERTIFICATE OF SERVICE

I hereby certify that on July 27th, 2023, a true and correct copy of the above and foregoing Motion for Compassionate Release/Reduction in Sentence Pursuant to 18 U.S.C. § 3582(c)(1)(A) and the First Step Act of 2018 was sent via U. S. Mail, postage prepaid, Kathleen D. Mahoney, at U.S. Attorney's Office - KCMO, 400 E 9th Street, Suite 5510, Kansas City, MO 64106.



SUSAN ELISE PROPHET

EXHIBIT 1:
“Administrative Remedy”

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Prophet Susan E
LAST NAME, FIRST, MIDDLE INITIAL

76698045

1

FCI WASECA

INSTITUTION

Part A- INMATE REQUEST

4-1-22

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE _____

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

EXHIBIT 2:
“Medical Records”

Hemodynamics

Heart Rate: 52 BPM

Blood Pressure: 161 / 88 mmHg

ECG: Sinus rhythm

Final Impressions

1. Normal left ventricular chamber size, no regional wall motion abnormalities, calculated 3-D volumetric ejection fraction 62%.
2. Normal left ventricular diastolic function.
3. Normal right ventricular chamber size, normal systolic function, estimated right ventricular systolic pressure 35 mmHg (systolic blood pressure 161 mmHg).
4. No hemodynamically significant valvular heart disease.
5. No pericardial effusion.
6. Normal aeration in both lungs.
7. There are no previous Mayo Clinic echocardiograms available for comparison.

Findings

LEFT VENTRICLE:Normal left ventricular chamber size. Normal left ventricular wall thickness. Calculated 2-D linear left ventricular ejection fraction 59%. Calculated 3-D volumetric left ventricular ejection fraction 62%. No regional wall motion abnormalities. Normal left ventricular diastolic function.

RIGHT VENTRICLE:Normal right ventricular chamber size. Normal right ventricular systolic function. Estimated right ventricular systolic pressure 35 mmHg (systolic blood pressure 161 mmHg).

ATRIA:Normal left atrial size. Left atrial volume index 30 ml/m². Normal right atrial size.

CARDIAC VALVES:Trileaflet aortic valve. Normal aortic valve. No aortic valve regurgitation. Normal mitral valve. Trivial mitral valve regurgitation. Normal pulmonary valve. Normal pulmonary valve systolic velocities. Trivial pulmonary valve regurgitation. Normal tricuspid valve. Trivial tricuspid valve regurgitation.

OTHER ECHO FINDINGS:Mildly enlarged inferior vena cava size with normal inspiratory collapse (>50%). Normal mid ascending aorta diameter of 32 mm. Upper limit of normal of the mid ascending aorta, for age, sex and BSA is 37 mm. Abdominal aorta incompletely visualized. Normal abdominal aorta Doppler flow pattern. No atrial level shunt by color flow imaging. No intracardiac mass or thrombus, but the left atrial appendage cannot be visualized adequately with transthoracic echo to exclude thrombus in this location. No pericardial effusion. Lung ultrasound performed (4-Zone).

LUNG FINDINGS:Normal aeration in both lungs.

Status: Signed

PULMONARY PROGRESS NOTE

REASON FOR FOLLOW UP

Asthma

HISTORY OF PRESENT ILLNESS

Patient is a pleasant 54 y.o. female with a past medical history significant for tobacco use, asthma, allergic rhinitis, PTSD, depression and BMI 30-34.9. Patient is accompanied by 2 prison guards today in clinic.

Patient was last seen on 12/14/22 and was recommended that she discontinue Advair Diskus and switch to maintenance HFA twice daily. She was to take Spiriva Respimat 1.25 mcg daily and follow-up in 3 months with spirometry.

In the interval, patient notes that they have been feeling unwell. She continues to have dyspnea on exertion, not noting any benefit from the change in inhalers. She has remained compliant with Symbicort twice daily and Spiriva Respimat daily, however still usually feels the need to reach for albuterol 4 times daily for shortness of breath. Only mild benefit noted when taken. Did have a cough, however this is improved. Occasional chest tightness. No edema of lower extremities. No wheezing. Occasional nausea but denies any vomiting. No reflux. No sinus congestion or drainage. No fever, chills or sweats. She does note waking at night around every 30 minutes due to shortness of breath, having to sit up to catch her breath. This is somewhat avoidable if sleeping at an incline. No recent cardiac testing.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, family history, medical history, surgical history and problem list.

Respiratory Exposures

Social History

Tobacco Use

Smoking status: Former

Packs/day: 1.00

Types: Cigarettes

Quit date: 7/24/1996

Years since quitting: 26.7

Smokeless tobacco: Never

Vaping Use

Vaping Use: former use

REVIEW OF SYSTEMS

All other systems reviewed and are negative.

OBJECTIVE

VITAL SIGNS

Vitals:

04/20/23 0849

BP:

118/83

BP Location:

Right arm

Patient Position:

Sitting

Cuff Size:

Regular

Pulse:

(!) 56

Resp:

20

SpO2:

99%

Weight:

88.2 kg

Height:

165.5 cm

Body mass index is 32.2 kg/m².

PHYSICAL EXAM

Vitals and nursing note reviewed.

Constitutional

General: She is not in acute distress.

HENT

Head: Normocephalic.

Eyes

General: No scleral icterus.

Cardiovascular

Rate and Rhythm: Regular rhythm. Bradycardia present.

Pulmonary

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No stridor. No wheezing, rhonchi or rales.

Musculoskeletal

Right lower leg: No edema.

Left lower leg: No edema.

Skin

General: Skin is warm and dry.

Neurological

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

DIAGNOSTIC REVIEW

I have reviewed the patient's current laboratory, imaging, and other diagnostic studies. Significant findings include: None pertinent.

ASSESSMENT / PLAN

ASSESSMENT

#1 Asthma Moderate Persistent With History Of Tobacco Use (HCC)

#2 Post COVID-19 Condition

Diagnosed with asthma many years ago, however noted worsening of symptoms after COVID-19 diagnosis 09/2020. Compliant with medication as prescribed, noting some benefit. Current exposures include mold and smoke exposure, which set off her breathing issues. Spirometry reveals borderline airflow obstruction of moderately severity (FEV1 53% predicted) with a significant response to bronchodilator, again suggesting asthma. Compliant with regimen as prescribed.

#3 Dyspnea

Persistent despite up titration of asthma regimen, waking her at night every 30 minutes, minimally improved with albuterol use. No recent cardiac testing, however would recommend evaluation of heart function.

#4 History Of Tobacco Use

With a 20 pack year history, having quit in 1996.

#5 BMI 30-34.9

BMI today in clinic is at 32.20.

#6 Seasonal Allergies

#7 Eczema

Prescribed daily second-generation antihistamine and Singulair nightly.

RECOMMENDATIONS

- Echocardiogram and EKG for further evaluation of symptoms.
- Continue Symbicort 160/4.5 mcg, 2 puffs taken twice daily with spacer, rinsing mouth afterwards.
- Continue Spiriva Respimat, 2 puffs daily.
- Continue albuterol HFA 2 puffs with spacer every 4 hours as needed for shortness of breath, cough or wheezing.
- Results of testing reviewed with patient in the room today. All questions were answered.
- Will plan to follow up with patient after testing is completed, or sooner if needed.

Patient does not meet population criteria per USPSTF recommendations for Lung Screening.

Total time spent was 25 minutes, greater than 50% of which was spent in counseling and/or coordination of care.

Orders Placed This Encounter

Procedures

Pulmonary Medicine office visit (clinic)

ECG 12 Lead

Echo Transthoracic (TTE)

Medication changes today:

New Medications Ordered This Visit

Medications

budesonide-formoterol (SYMBICORT) 160-4.5 mcg/actuation inhaler

Sig: Inhale 2 puffs 2 (two) times a day. Rinse mouth with water after use to reduce aftertaste and incidence of candidiasis. Do not swallow.

tiotropium (Spiriva Respimat) 1.25 mcg/actuation inhaler

Sig: Inhale 2 puffs daily.

Medications Discontinued During This Encounter

Medication

Reason

fluticasone propion-salmeterol 250-50 mcg/dose diskus inhaler

tiotropium (Spiriva with HandiHaler) 18 mcg inhalation capsule

Elizabeth Morton, P.A.-C.

Prophet, Susan 26698-045

FCI WASECA

MRN: 12-460-797

Comprehensive Visit

12/14/2022

Department of Pulmonary

Medicine in Mankato, Minnesota

Provider: Morton, Elizabeth S, P.A.-C. (Pulmonary Medicine)

Primary diagnosis: Asthma Moderate Persistent With History Of Tobacco Use (HCC)

Reason for Visit: Shortness of Breath

Consults - Outpatient

Morton, Elizabeth S, P.A.-C. (Physician Assistant) • PUL (Pulmonary Medicine) • Encounter Date: 12/14/2022 • Signed

REASON FOR CONSULT

Asthma

REQUESTING PROVIDER

S. Taylor, PA-C

SUBJECTIVE

HISTORY OF PRESENT ILLNESS

Patient is a pleasant 54 y.o. female inmate referred for evaluation of the above issue. Past medical history is significant for tobacco use, asthma, allergic rhinitis, PTSD, depression and BMI 30-34.9. Patient is accompanied by 2 prison guards today in clinic.

Patient notes that she was diagnosed with asthma in the past and has been taking Advair twice daily, albuterol inhaler every 4 hours (sometimes more often) and Singulair nightly, however has not noticed any lasting benefit from such. She was ill with COVID-19 09/2020 and ever since felt as though her breathing got worse. She is a sensation that she can not get a satisfying breath in. Symptoms seemed to wax and wane, however notes occasional dyspnea a deep usually nonproductive cough that has been ongoing for the past 5-6 months as well as occasional chest heaviness. She is been trialed on prednisone burst for such, noting no benefit. She also has had persistent brain fog and occasional headaches since COVID. Will occasionally wake at night due to issues breathing. No chest pain or tightness. Has never required the use of supplemental oxygen or noninvasive ventilation at home.

Patient denies any childhood breathing issues or hospitalizations secondary to respiratory disease. Denies any significant pneumonias or need for intubation secondary to respiratory failure. Patient has never experienced a pulmonary embolism or deep venous thrombosis. States recommended vaccinations and health screenings are up to date.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, medical history, surgical history and problem list.

FAMILY HISTORY

Four children, 9 siblings. No known family history of chronic lung disease, lung cancer, other cancer, heart disease or autoimmune disease.

SOCIAL HISTORY

Former smoker at 1 pack per day times 20 years, having quit in 1996. No chewing tobacco or E cigarette use. No alcohol, caffeine or illicit drug use. Not married and has been in prison for the past 9 years, currently in Waseca correctional facility. In the past, she did move all over the United States and also lived in South Korea and Azores. No birds in the house ever. Stays active working at the prison store. No known tuberculosis or asbestos exposure. No military. No significant secondhand

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 -Mayo Clinic

smoke exposure in the past, however does note some smoking exposure now, with other inmates smoking K2. Also notes a great deal of mold exposure in the prison. Known triggers that seemed to make breathing worse include smoke exposure and occasionally the cold/hot weather.

Respiratory Exposures

Social History

Tobacco Use

Smoking status: Former

Packs/day: 1.00

Types: Cigarettes

Quit date: 7/24/1996

Years since quitting: 26.4

Smokeless tobacco: Never

REVIEW OF SYSTEMS

Constitutional: Positive for fatigue.

- Negative for fever, loss of appetite, night sweats and weight loss of more than 10 pounds.

Skin:

- Negative for skin rash.

Eyes:

- Negative for visual problems.

ENT: Positive for sinus congestion.

- Negative for persistent hoarse voice.

Respiratory: Positive for dry cough and shortness of breath.

- Negative for coughing up blood, coughing up mucus (phlegm) and wheezing.

Cardiovascular:

- Negative for chest pain, pressure or tightness, swelling in the legs or feet, rapid or fluttering heart beat and shortness of breath when lying flat.

Gastrointestinal:

- Negative for abdominal (belly) pain or cramping, heartburn, nausea, vomiting and difficulty swallowing.

Hematologic:

- Negative for abnormal lumps or bumps.

Musculoskeletal:

- Negative for joint swelling.

Neurological:

- Negative for loss of consciousness, light-headedness and weakness in arms or legs.

Psychiatric/Behavioral:

- Negative for excessive daytime sleepiness/tiredness, loud snoring and sleep disturbance.

OBJECTIVE

VITAL SIGNS

Vitals:

12/14/22 1019

BP:

122/69

BP Location:

Left arm

Patient

Sitting

Position:

Cuff Size:

Regular

Pulse:

(I) 56

Resp:

15

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 -Mayo Clinic

SpO2: 99%
Weight: 87.4 kg
Height: 165.5 cm

Body mass index is 31.91 kg/m².

PHYSICAL EXAM

Vitals and nursing note reviewed.

Constitutional

General: She is not in acute distress.

Appearance: She is well-developed. She is not diaphoretic.

HENT

Head: Normocephalic.

Eyes

General: No scleral icterus.

Neck

Trachea: No tracheal deviation.

Cardiovascular

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur heard.

No friction rub. No gallop.

Pulmonary

Effort: Pulmonary effort is normal. No accessory muscle usage or respiratory distress.

Breath sounds: Normal breath sounds. No stridor. No decreased breath sounds, wheezing, rhonchi or rales.

Abdominal

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal

Cervical back: Neck supple.

Right lower leg: No edema.

Left lower leg: No edema.

Lymphadenopathy

Cervical: No cervical adenopathy.

Skin

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Neurological

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

DIAGNOSTIC REVIEW

I have reviewed the patient's current laboratory, imaging, and other diagnostic studies. Clinically significant findings include:

MAYO CLINIC HEALTH SYSTEM
SPIROMETRY REPORT

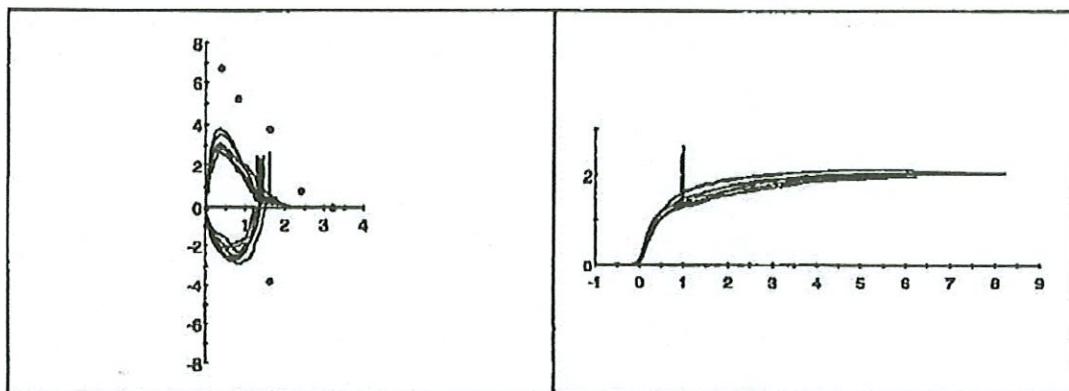
Name: PROPHET, SUSAN	ID: 12460797	Date: 12/14/2022
Age: 54	Height: 165.50	Arm Span:
Sex: Female	Weight: 87.40	Doctor: Morton, Elizabeth
Race: <Other>	BMI: 31.9	Tech: SCHLEIS, KIMBERLY
		Authors: GLI

Pre Test Comments: PT DID NOT TAKE INHALERS THIS MORNING.

Post Test Comments: SUB OPTIMAL FEF MAX. FVC AND FEV1 WERE REPRODUCABLE.

SpHb gm/dL (Range 12-18):

	Pre-Bronch			Post-Bronch			
	Actual	Pred	%Pred	LLN	Actual	%Pred	%Chng
— SPIROMETRY —							
FVC (L)	*2.06	3.21	*64	2.51	*2.10	*65	+2
FEV1 (L)	*1.39	2.58	*53	1.98	*1.64	*63	+17
FEV1/FVC (%)	*67.39	80.74	*83	70.22	77.79	96	+15
FEF 25-75% (L/sec)	*0.63	2.47	*25	1.33	1.43	57	+125
FEF Max (L/sec)	*2.82	6.76	*41	4.98	*3.78	*55	+33



TECHNICAL QUALITY: The results of this test appear to be valid, although the FEF max was sub optimal.

LUNG MECHANICS: Moderately severe airflow obstruction (FEV1 53%). Normal inspiratory loop. There is a significant, partial response to bronchodilator.

SUMMARY: Moderately severe airflow obstruction suggests COPD. The significant response to bronchodilator suggests some degree of partial reversibility. There is a significant decrease in FVC and FEV1 since previous test on 5/23/22. Clinical correlation needed.

<<This interpretation has been electronically signed: TAJI, JAMIL 12/14/2022 10:22:41 AM>>

Visit Date	FVC	FVC	FEV1	FEV1	TLC	TLC	DLCOcor	DLCOunc	MEP	MIP
	L	% Ch	L	% Ch	L	% Ch	ml/min/mmHg	ml/min/mmHg	cmH2O	cmH2O
5/23/2022 1:01:53 PM	2.75	+0	2.15	+0	4.84	+0			20.37	
12/14/2022 9:33:33 AM	2.06	-25	1.39	-35						

DX Chest AP or PA and Lateral 2 Views

Order

Status: Final result Dx: Shortness Of Breath

0 Result Notes

Details

Reading Physician
Anwer, Usman, M.D.
507-594-2653

Reading Date
12/14/2022

Result Priority
RAD - Routine (most inpatient
outpatients)

Narrative & Impression

EXAM: DX CHEST AP OR PA AND LATERAL 2 VIEWS

COMPARISON: None

FINDINGS: The lungs and costophrenic sulci are clear. No pneumothorax. The cardiomediastinal contours are within normal limits. No acute osseous abnormality.

IMPRESSION:

No acute abnormality.

Specimen Collected: 12/14/22 09:10 CST

Last Resulted: 12/14/22 09:13 CST

ASSESSMENT / PLAN

ASSESSMENT

#1 Asthma Moderate Persistent With History Of Tobacco Use (HCC)

#2 Post COVID-19 Condition

Diagnosed with asthma many years ago, however noted worsening of symptoms after COVID-19 diagnosis 09/2020. Compliant with medication as prescribed, noting some benefit. Current exposures include mold and smoke exposure, which set off her breathing issues. Spirometry reveals borderline airflow obstruction of moderately severity (FEV1 53% predicted) with a significant response to bronchodilator, again suggesting asthma. Recommend up titration of regimen.

#3 History Of Tobacco Use

With a 20 pack year history, having quit in 1996.

#4 BMI 30-34.9

BMI today in clinic is at 31.91.

#5 Seasonal Allergies

#6 Eczema

Prescribed daily second-generation antihistamine and Singulair nightly.

RECOMMENDATIONS

- Patient questions how good of a breath that she is getting with the Advair Diskus, would instead recommend use of ics/Laba HFA with spacer. She was provided a spacer and education on such today in clinic.
- Recommend Spiriva Respimat 1.25 mcg, 2 puffs daily.
- Recommend avoidance of known triggers, understanding that this is only somewhat in her control based off of circumstances.
- Results of testing reviewed with patient in the room today. All questions were answered.
- Will plan to follow up with patient in 3 months, with spirometry, or sooner if needed.

Thank you for this consultation, please do not hesitate to contact me with any questions or concerns.

Patient does not meet population criteria per USPSTF recommendations for Lung Screening.

Total time spent was 60 minutes, greater than 50% of which was spent in counseling and/or

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 - Mayo Clinic
coordination of care.

Orders Placed This Encounter

Procedures

- Pulmonary Medicine office visit (clinic)

Medication changes today:

New Medications Ordered This Visit

Medications

- acetaminophen (TYLENOL) 325 mg suppository
Sig: Insert 325 mg into the rectum every 4 (four) hours as needed for pain.
- albuterol 90 mcg/actuation inhaler
Sig: Inhale every 6 (six) hours as needed for wheezing.
- FLUoxetine (PROZAC) 10 mg capsule
Sig: Take 10 mg by mouth daily.
- fluticasone propionate (FLONASE) 50 mcg/actuation nasal spray
Sig: Administer 2 sprays into each nostril daily.
- fluticasone propion-salmeterol 250-50 mcg/dose diskus inhaler
Sig: Inhale 1 puff 2 (two) times a day. Rinse mouth with water after use to reduce aftertaste and incidence of candidiasis. Do not swallow.
- montelukast (SINGULAIR) 10 mg tablet
Sig: Take 10 mg by mouth at bedtime.
- prazosin (MINIPRESS) 1 mg capsule
Sig: Take 1 mg by mouth.
- sennosides (senna) 8.6 mg tablet
Sig: Take 8.6 mg by mouth daily.
- acetaminophen (TYLENOL) 325 mg tablet
Sig: Take 325 mg by mouth every 4 (four) hours as needed for pain.
- ibuprofen (ADVIL, MOTRIN) 200 mg tablet
Sig: Take 200 mg by mouth every 6 (six) hours as needed for pain.
- loratadine (CLARITIN) 10 mg tablet
Sig: Take 10 mg by mouth daily.

There are no discontinued medications.

Elizabeth Morton, P.A.-C.

Instructions

AVS (Printed 12/14/2022)

Additional Documentation

Vitals: BP 122/69 (BP Location: Left arm, Patient Position: Sitting, Cuff Size: Regular) Pulse 56 ? Resp 15
Ht 165.5 cm Wt 87.4 kg SpO2 99% BMI 31.91 kg/m² BSA 2 m² Pain Sc 0-No pain

Flowsheets: Nutrition Assessment, S5, Anthropometrics, Vitals Reassessment, Simple Vitals, Vital Signs, Calculated MAP

Encounter Info: Billing Info, History, Allergies, Education, Questionnaires

Communications

[View Encounter Conversation Summary](#)

Encounter Status

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 -Mayo Clinic

Electronically signed by Morton, Elizabeth S, P.A.-C. on 12/14/22 at 2:53 PM

Related Encounters Summary

Encounters related to Comprehensive Visit on 12/14/2022 with Elizabeth S Morton, P.A.-C.

Date	Encounter Type	Provider	Department	Reason
12/14/2022	Comprehensive Visit	Elizabeth S Morton, P.A.-C.	Department of Pulmonary Medicine in Mankato, Minnesota	PUL NEW; SHORTNESS OF BREATH

Additional Orders and Documentation

 Results

 Meds

 Orders

 Flowsheets

Encounter Info: History, Allergies, Education, Care Plan

Orders Placed

Pulmonary Medicine office visit (clinic) Authorized

Medication Changes

None

Visit Diagnoses

◆ Asthma Moderate Persistent With History Of Tobacco Use (HCC)

Printed by [153715] at 12/15/2022 1:14 PM

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 - Mayo Clinic

26698-045 FCI WASECA

Pulmonary Function Tests

Status: Final result

Pulmonary Function Tests

Order: 2222791687638

Status: Final result Visible to patient: No (inaccessible in Patient Online Services) Next appt: None

Dx: Shortness Of Breath

0 Result Notes

Details

Reading Physician
Theobald, Darla R, APRN, C.N.P.
507-594-6500

Reading Date
5/23/2022

Result Priority
Routine

Narrative & Impression

IMPRESSION:

TECHNICAL QUALITY: Good.

LUNG MECHANICS: No airflow obstruction. There is a significant, partial response to bronchodilator. Normal inspiratory loop.

LUNG VOLUMES: No restriction.

DIFFUSION: Normal diffusing capacity.

SUMMARY: No airflow obstruction. However, there is a significant bronchodilator response which may suggest an obstructive component. Clinical correlation advised.

«This interpretation has been electronically signed: KHOSA, SANDEEP 05/23/2022 02:13:40 PM»

Component 2:04 PM

Ref Range & Units

FVC 2.75

L

FVC% 85

%

PostFVC 2.85

L

FVCLLN 2.54

L

FEV1 2.15

L

FEV1% 82

%

PostFEV1 2.40

L

PostFEV1%Change 12

%

FEV1LLN 2.00

L

FEV1/FVC 78

%

FEV1/FVCLLN 70

%

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 - Mayo Clinic

Patient Communication

Released

Not seen

Back to Top

Signed by

Signed		Date/Time		Phone	
THEOBALD,	APRN,	5/23/2022 2:15 PM		507-594-6500	
DARLA R	C.N.P.				

Order Information

Test Code	Order Name	Order ID	Sources	Diagnosis Code
PFT178	Pulmonary Function Tests	 2222791687638	--	R06.02

Order Questions

Region: MCHS SW MN Region [10999992]

Complete PFT or Complete PFT with BD

Spirometry Test:

Additional Exams:: None

Patient requires No Airborne precautions not required

Airborne/Tuberculosis

precautions::

Should the Release Immediately

communication of this result to the patient's portal be released

immediately?:

Comments

Specimen 20982086: Region->MCHS SW MN RegionComplete PFT or Spirometry Test->Complete PFT with BDAdditional Exams:->NonePatient requires Airborne/Tuberculosis precautions:->No Airborne precautions not requiredShould the communication of this result to the patient's portal be released immediately?->Release Immediately

END OF ORDERS

Patient Communication

Released

Not seen

Additional Documentation

Encounter Info: Billing Info, History, Allergies

Printed by [153715] at 5/23/2022 3:21 PM

Patient Name: Prophet, Susan (MR # 12-460-797) DOB: 08/16/1968 -Mayo Clinic

Additional Orders and Documentation Results Meds Orders
Procedures Flowsheets

Encounter Info: History, Allergies, Op Note, Anesthesia, Perfusion Record, Pre-op, Intra-op, Sedation, Recovery, Discharge Instructions, SCIP, Billing Supply/Implant Review

Printed by [153715] at 5/23/2022 3:21 PM



8/4/22 FCI Waseca WAS
Prophet.TP

Patient: PROCHET, SUSAN (Female) DOB: 08/16/68
Register#: 26698-045
Date: 08/04/22 16:44
Slicecount: 5
History: chronic LBP and Rt knee pain
Prior:
Exams: FILM L SPINE, FILM PELVIS, FILM RIGHT KNEE
Referring Phy: Lindner, L MD
Ordering Phy: Lindner, L MD
Ordering Phy #:
Accession Numbers: 1.2.840.113619.2.242.4.2147483647.1659631436.425794

Final Report

EXAM: FILM L SPINE

INDICATION: see above

COMPARISON: None

TECHNIQUE: 2 views of the lumbar spine obtained.

FINDINGS:

Variant anatomy of 6 lumbar type vertebrae with lumbarization of S1.

No fracture or subluxation.

There is mild convex-right dextroscoliosis upper lumbar spine apex L3 with Cobb angle of approximately 9°.

Mild L3/L4, mild to moderate L4/L5 and mild L5/S1 degenerative disc space narrowing.

Remaining disc heights are maintained.

Minimal to mild facet arthropathy L3/L4 and L5/S1.

Vertebral body heights are maintained.

Remaining posterior elements are unremarkable.

Paraspinous soft tissues unremarkable by radiograph.

IMPRESSION:

Variant anatomy of 6 lumbar type vertebrae with lumbarization of S1.

No fracture or subluxation.

There is mild convex-right dextroscoliosis upper lumbar spine apex L3 with Cobb angle of approximately 9°.

Mild L3/L4, mild to moderate L4/L5 and mild L5/S1 degenerative disc space narrowing.

Remaining disc heights are maintained.

Minimal to mild facet arthropathy L3/L4 and L5/S1.

Exam: FILM PELVIS

INDICATION: see above

TECHNIQUE: Single AP view of the pelvis obtained.

COMPARISON: none

FINDINGS:

No fracture or malalignment.

Joint spaces are maintained.

No arthritic changes identified. Articular surfaces appear smooth.

Bone mineralization normal.

Sacroiliac joints and pubic symphysis are unremarkable.

Soft tissues are unremarkable by radiograph exam.

IMPRESSION:

No fracture or malalignment.

Unremarkable radiographic exam of the pelvis. No osseous lesion or arthritic changes.

Exam: FILM RIGHT KNEE

INDICATION: see above

TECHNIQUE: 2 views of the right knee are obtained.

COMPARISON: none

FINDINGS:

No fracture or malalignment.

No joint effusion.

Joint spaces maintained.

Articular surfaces appear smooth.

Soft tissues are unremarkable by radiograph exam.

IMPRESSION:

No fracture or malalignment.

Unremarkable exam. No joint effusion or arthritic changes.

Radiologist: Farhad Khorashadi, MD

Study ready at 17:02 and initial results transmitted at 17:50

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 11/15/2022 08:25

Sex: F Race: WHITE
Provider: Weiser, T. RN

Reg #: 26698-045
Facility: WAS
Unit: D04

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Weiser, T. RN

Chief Complaint: Pain

Subjective: Inmate presents ambulatory with complaint of worsening pain in her back and legs. Inmate reports she has x-ray taken in August of this year. Inmate reports the right side is worse than left with numbness in hands at night.

Pain: Yes

Pain Assessment

Date: 11/15/2022 08:33

Location: Multiple Locations

Quality of Pain: Shooting

Pain Scale: 7

Intervention: Tylenol, Motrin

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-5 Years

Duration: 1-5 Years

Exacerbating Factors: sitting too long

Relieving Factors: Not really

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/15/2022	08:25 WAS	96.8	36.0	Temporal	Weiser, T. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/15/2022	08:25 WAS	71	Via Machine		Weiser, T. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/15/2022	08:25 WAS	16	Weiser, T. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/15/2022	08:25 WAS	151/88	Right Arm	Sitting	Adult-large	Weiser, T. RN

SaO2:

Inmate Name: PROPHET, SUSAN ELISE	Reg #: 26698-045
Date of Birth: 08/16/1968	Facility: WAS
Encounter Date: 11/15/2022 08:25	Unit: D04

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
11/15/2022	08:25 WAS	99	Room Air	Weiser, T. RN

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Musculoskeletal**Spine-Lumbar**

Yes: Tenderness, Decreased Range of Active Motion

No: Full Range of Motion

ASSESSMENT:

Pain - Back

PLAN:**Schedule:****Activity**

Sick Call/Triage

Date Scheduled

11/29/2022 00:00

Scheduled Provider

MLP 02

Inmate has worsening back and leg pain.

Disposition:

Follow-up at Sick Call as Needed

Discharged To Housing Unit with Medical Idle

Other:

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>
11/15/2022	Counseling

<u>Handout/Topic</u>
Plan of Care

<u>Provider</u>
Weiser, T.

<u>Outcome</u>
Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Weiser, T. RN on 11/15/2022 08:37

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE	Sex: F Race: WHITE	Reg #: 26698-045
Date of Birth: 08/16/1968		Facility: WAS
Encounter Date: 11/15/2022 08:25	Provider: Weiser, T. RN	Unit: D04

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Weiser, T. RN

Chief Complaint: Pain

Subjective: Inmate presents ambulatory with complaint of worsening pain in her back and legs. Inmate reports she has x-ray taken in August of this year. Inmate reports the right side is worse than left with numbness in hands at night.

Pain: Yes

Pain Assessment

Date: 11/15/2022 08:33

Location: Multiple Locations

Quality of Pain: Shooting

Pain Scale: 7

Intervention: Tylenol, Motrin

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-5 Years

Duration: 1-5 Years

Exacerbating Factors: sitting too long

Relieving Factors: Not really

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
11/15/2022	08:25 WAS	96.8	36.0	Temporal	Weiser, T. RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/15/2022	08:25 WAS	71	Via Machine		Weiser, T. RN

Respirations:

Date	Time	Rate Per Minute	Provider
11/15/2022	08:25 WAS	16	Weiser, T. RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
11/15/2022	08:25 WAS	151/88	Right Arm	Sitting	Adult-large	Weiser, T. RN

SaO2:

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 11/15/2022 08:25

Sex: F Race: WHITE
Provider: Weiser, T. RN

Reg #: 26698-045
Facility: WAS
Unit: D04

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
11/15/2022	08:25 WAS	99	Room Air	Weiser, T. RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Musculoskeletal

Spine-Lumbar

Yes: Tenderness, Decreased Range of Active Motion

No: Full Range of Motion

ASSESSMENT:

Pain - Back

PLAN:

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	11/29/2022 00:00	MLP 02

Inmate has worsening back and leg pain.

Disposition:

Follow-up at Sick Call as Needed

Discharged To Housing Unit with Medical Idle

Other:

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/15/2022	Counseling	Plan of Care	Weiser, T.	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Weiser, T. RN on 11/15/2022 08:37

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	PROPHET, SUSAN ELISE	Reg #:	26698-045
Date of Birth:	08/16/1968	Facility:	WAS
Note Date:	09/21/2022 15:57	Unit:	D04

Cosign Note - Lab Report Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Lindner, Linda MD

Pt noted to be Vitamin D Deficient by recent lab. Recommend dosing of Vitamin D with take OTC vitamin thereafter.

7/2022

Vitamin D,25-OH,Total,IA L 26.8 30.0-80.0 ng/mL

Deficient <21 ng/mL

Insufficiency 21 - 29 ng/mL

Possible Toxicity >80 ng/mL

Pt on medication via PCP

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Lindner, Linda MD on 09/21/2022 15:59

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE	Sex: F	Race: WHITE	Reg #: 26698-045
Date of Birth: 08/16/1968			Facility: WAS
Encounter Date: 07/22/2022 10:10		Provider: Taylor, S. PA-C	Unit: D04

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Taylor, S. PA-C

Chief Complaint: Other Problem

Subjective: Patient seen today for follow up appointment to review the Lab results of 7/14/2022:

Vitamin D,25-OH,Total,IA L 26.8 30.0-80.0 ng/mL
Deficient <21 ng/mL
Insufficiency 21 - 29 ng/mL
Possible Toxicity >80 ng/mL

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/22/2022	10:10 WAS	96.9	36.1	Forehead	Taylor, S. PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/22/2022	10:10 WAS	65	Radial	Regular	Taylor, S. PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
07/22/2022	10:10 WAS	16	Taylor, S. PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/22/2022	10:10 WAS	105/76		Sitting		Taylor, S. PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
07/22/2022	10:10 WAS	99	Room Air	Taylor, S. PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/22/2022	10:10 WAS	189.0	85.7		Taylor, S. PA-C

Exam:

General

Affect

Yes: Cooperative

No: Irritable, Agitated, Flat, Anxious

Appearance

Yes: Appears Well, Alert and Oriented x 3

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/22/2022 10:10

Sex: F Race: WHITE
Provider: Taylor, S. PA-C

Reg #: 26698-045
Facility: WAS
Unit: D04

No: Appears Distressed, Cachectic, Jaundiced, Lethargic, Obtunded, Dyspneic, Appears in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus

Musculoskeletal

Gait

Yes: Normal Gait

No: Ataxia

ASSESSMENT:

Vitamin D deficiency, E559 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Vitamin D (Cholecalciferol) Tab/Cap	07/22/2022 10:10
	<u>Prescriber Order:</u> 50,000 IU Orally Weekly x 60 day(s)	
	Indication: Vitamin D deficiency	

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-Vitamin D, 25-Hydroxy Labs requested to be reviewed by:	One Time Lindner, Linda MD	09/26/2022 00:00	Routine

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Other:

Plan:

Will Start Vitamin D 50,000 IU once per week X 60 days for Vitamin D Deficiency.

Will order follow up Vitamin D level after treatment completed in 60 days.

Patient was counseled on results and treatment plan.

Patient verbalized understanding and agrees.

Patient allergies reviewed and needed updates applied during the visit. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/22/2022	Counseling	Access to Care	Taylor, S.	Verbalizes Understanding
07/22/2022	Counseling	Compliance - Treatment	Taylor, S.	Verbalizes Understanding
07/22/2022	Counseling	Plan of Care	Taylor, S.	Verbalizes Understanding
07/22/2022	Counseling	Test/X-ray Results	Taylor, S.	Verbalizes Understanding

Inmate Name: PROPHET, SUSAN ELISE Reg #: 26698-045
Date of Birth: 08/16/1968 Sex: F Race: WHITE Facility: WAS
Encounter Date: 07/22/2022 10:10 Provider: Taylor, S. PA-C Unit: D04

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Taylor, S. PA-C on 07/22/2022 11:16



8/4/22 FCI Waseca WAS
Prophet, TP

Patient: PROCHET, SUSAN (Female) DOB: 08/16/68
Register#: 26698-045 Age: 53
Date: 08/04/22 16:44 Status: OP
Slicecount: 5
History: chronic LBP and Rt knee pain
Priors:
Exams: FILM L SPINE, FILM PELVIS, FILM RIGHT KNEE
Referring Phy: Lindner, L MD
Ordering Phy: Lindner, L MD
Ordering Phy #:
Accession Numbers: 1.2.840.113619.2.242.4.2147483647.1659631436.425794

Final Report

EXAM: FILM L SPINE

INDICATION: see above

COMPARISON: None

TECHNIQUE: 2 views of the lumbar spine obtained.

FINDINGS:

Variant anatomy of 6 lumbar type vertebrae with lumbarization of S1.

No fracture or subluxation.

There is mild convex-right dextroscoliosis upper lumbar spine apex L3 with Cobb angle of approximately 9°.

Mild L3/L4, mild to moderate L4/L5 and mild L5/S1 degenerative disc space narrowing.

Remaining disc heights are maintained.

Minimal to mild facet arthropathy L3/L4 and L5/S1.

Vertebral body heights are maintained.

Remaining posterior elements are unremarkable.

Paraspinous soft tissues unremarkable by radiograph.

IMPRESSION:

Variant anatomy of 6 lumbar type vertebrae with lumbarization of S1.

No fracture or subluxation.

There is mild convex-right dextroscoliosis upper lumbar spine apex L3 with Cobb angle of approximately 9°.

Mild L3/L4, mild to moderate L4/L5 and mild L5/S1 degenerative disc space narrowing.

Remaining disc heights are maintained.

Minimal to mild facet arthropathy L3/L4 and L5/S1.

Exam: FILM PELVIS

INDICATION: see above

TECHNIQUE: Single AP view of the pelvis obtained.

COMPARISON: none

FINDINGS:

No fracture or malalignment.

Joint spaces are maintained.

No arthritic changes identified. Articular surfaces appear smooth.

Bone mineralization normal.

Sacroiliac joints and pubic symphysis are unremarkable.

Soft tissues are unremarkable by radiograph exam.

IMPRESSION:

No fracture or malalignment.

Unremarkable radiographic exam of the pelvis. No osseous lesion or arthritic changes.

Exam: FILM RIGHT KNEE

INDICATION: see above

TECHNIQUE: 2 views of the right knee are obtained.

COMPARISON: none

FINDINGS:

No fracture or malalignment.

No joint effusion.

Joint spaces maintained.

Articular surfaces appear smooth.

Soft tissues are unremarkable by radiograph exam.

IMPRESSION:

No fracture or malalignment.

Unremarkable exam. No joint effusion or arthritic changes.

Radiologist:

Farhad Khorashadi, MD

Study ready at 17:02 and initial results transmitted at 17:50

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	PROPHET, SUSAN ELISE	Reg #:	26698-045
Date of Birth:	08/16/1968	Sex:	F
Note Date:	07/15/2022 12:43	Race:	WHITE
		Provider:	Taylor, S. PA-C
		Facility:	WAS
		Unit:	D04

Review Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Taylor, S. PA-C

Will follow up with patient to review lab results of 7/14/22

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Taylor, S. PA-C on 07/15/2022 12:44

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/11/2022 08:02

Sex: F Race: WHITE
Provider: Lindner, Linda MD

Reg #: 26698-045
Facility: WAS
Unit: D04

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Lindner, Linda MD

Chief Complaint: Chronic Care Clinic

Subjective: -- Asthma/Allergic Rhinitis; Pt reports she has gone out for some testing (PFT's) but is still pending her Pulmonary Consultation. Reports still having difficulty breathing. Unclear triggers ('Sometimes -- well most of the time -- I just get short of breath').

-- MH: No issues.

-- Constipation: Likely due to medications. Senna works well per pt

Pt reporting she is using NSAIDS and Tylenol for her hx of LBP and Right knee pain s/p surgery

Pain: No

Seen for clinic(s): General, Mental Health, Pulmonary/Respiratory

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/11/2022	08:00 WAS	96.3	35.7		Lindner, Linda MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/11/2022	08:00 WAS	89			Lindner, Linda MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/11/2022	08:00 WAS	16	Lindner, Linda MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/11/2022	08:00 WAS	116/72				Lindner, Linda MD

Wright Peak Flow:

<u>Date</u>	<u>Time</u>	<u>Attempt 1</u>	<u>Attempt 2</u>	<u>Attempt 3</u>	<u>Effort</u>	<u>Bronchodilator</u>	<u>Provider</u>
07/11/2022	08:00 WAS	100	100		Poor	Without	Lindner, Linda MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/11/2022	08:00 WAS	98	Room Air	Lindner, Linda MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
07/11/2022	08:00 WAS	189.4	85.9		Lindner, Linda MD

Inmate Name: PROPHET, SUSAN ELISE	Reg #: 26698-045
Date of Birth: 08/16/1968	Facility: WAS
Encounter Date: 07/11/2022 08:02	Unit: D04

Date	Time	Lbs	Kg	Waist Circum.	Provider
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Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Mouth

Pharynx

Yes: Within Normal Limits

Neck

General

Yes: Within Normal Limits, Supple

Thyroid

Yes: Within Normal Limits

No: Diffuse Enlargement, Multinodular, Nodule, Tenderness

Pulmonary

Auscultation

Yes: Clear to Auscultation, Expiratory-Wheezing

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits, Soft

No: Guarding

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits, CN 2-12 Intact Grossly

Exam Comments

mild end expiratory wheeze (diffuse).

Right knee: chronic deformity noted with crepitus. Consistent with hx of chronic knee pain

Comments

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/11/2022 08:02

Sex: F Race: WHITE
Provider: Lindner, Linda MD

Reg #: 26698-045
Facility: WAS
Unit: D04

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Lindner, Linda MD

Chief Complaint: Chronic Care Clinic

Subjective: -- Asthma/Allergic Rhinitis; Pt reports she has gone out for some testing (PFT's) but is still pending her Pulmonary Consultation. Reports still having difficulty breathing. Unclear triggers ("Sometimes -- well most of the time -- I just get short of breath").

-- MH: No issues.

-- Constipation: Likely due to medications. Senna works well per pt

Pt reporting she is using NSAIDS and Tylenol for her hx of LBP and Right knee pain s/p surgery

Pain: No

Seen for clinic(s): General, Mental Health, Pulmonary/Respiratory

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/11/2022	08:00 WAS	96.3	35.7		Lindner, Linda MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/11/2022	08:00 WAS	89			Lindner, Linda MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/11/2022	08:00 WAS	16	Lindner, Linda MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/11/2022	08:00 WAS	116/72				Lindner, Linda MD

Wright Peak Flow:

<u>Date</u>	<u>Time</u>	<u>Attempt 1</u>	<u>Attempt 2</u>	<u>Attempt 3</u>	<u>Effort</u>	<u>Bronchodilator</u>	<u>Provider</u>
07/11/2022	08:00 WAS	100	100		Poor	Without	Lindner, Linda MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/11/2022	08:00 WAS	98	Room Air	Lindner, Linda MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
07/11/2022	08:00 WAS	189.4	85.9		Lindner, Linda MD

Inmate Name: PROPHET, SUSAN ELISE	Reg #: 26698-045
Date of Birth: 08/16/1968	Facility: WAS
Encounter Date: 07/11/2022 08:02	Unit: D04

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
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Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Mouth

Pharynx

Yes: Within Normal Limits

Neck

General

Yes: Within Normal Limits, Supple

Thyroid

Yes: Within Normal Limits

No: Diffuse Enlargement, Multinodular, Nodule, Tenderness

Pulmonary

Auscultation

Yes: Clear to Auscultation, Expiratory-Wheezing

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits, Soft

No: Guarding

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits, CN 2-12 Intact Grossly

Exam Comments

mild end expiratory wheeze (diffuse).

Right knee: chronic deformity noted with crepitus. Consistent with hx of chronic knee pain

Comments

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/11/2022 08:02

Sex: F Race: WHITE
Provider: Lindner, Linda MD

Reg #: 26698-045
Facility: WAS
Unit: D04

PFT done 5/23/22:

"SUMMARY: No airflow obstruction. However, there is a significant bronchodilator response which may suggest an obstructive component. Clinical correlation advised."

ASSESSMENT:

Allergic rhinitis, J309 - Current
Asthma, J45909 - Current
Constipation, unspecified, K5900 - Current
Mental disorder, not otherwise specified, F99 - Current
Pain in unspecified joint, M2550 - Current - *right pain. Hx of knee slipping*
Sciatica, unspecified side, M5430 - Current
Vitamin D deficiency, E559 - Resolved

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Acetaminophen 325 MG Tablet	07/11/2022 08:02
	<u>Prescriber Order:</u> 975mg Orally - three times a day PRN x 180 day(s) -- 14 days per 30 days of dosing	
	Indication: Pain in unspecified limb	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
136521-WAS	Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT	07/11/2022 08:02
	<u>Prescriber Order:</u> Don't use daily. Inhale 2 puffs by mouth 4 times a day as needed to prevent/relieve asthma attack (inhaler to last 90 days. If need more, make sick call) "Empty container is to be returned for refill" PRN x 365 day(s)	
	Indication: Asthma	
138417-WAS	FLUoxetine HCl 10 MG Cap	07/11/2022 08:02
	<u>Prescriber Order:</u> Take five capsules (50 MG) by mouth daily *consent form on file * x 365 day(s)	
	Indication: Persistent Depressive Disorder, Unspecified Anxiety Disorder, Posttraumatic Stress Disorder	
136530-WAS	Fluticasone Prop 50mcg, 16ml Nasal spry	07/11/2022 08:02
	<u>Prescriber Order:</u> Spray one puff in each nostril twice daily x 180 day(s)	
	Indication: Allergic rhinitis, Asthma	
136527-WAS	Fluticasone/Salmeterol 250-50, #60 Inhal	07/11/2022 08:02
	<u>Prescriber Order:</u> Activate & Inhale 2 puffs by mouth twice daily (*1. Activate device 2. Breathe out then place lips around mouthpiece and inhale quickly and deeply 3. Hold breath (~10 seconds) 4. Rinse mouth*) "Empty container is to be returned for refill" x 180 day(s)	
	Indication: Asthma	
136528-WAS	Montelukast Sodium 10 MG Tab	07/11/2022 08:02
	<u>Prescriber Order:</u> Take one tablet (10 MG) by mouth daily **non-formulary approved until: 5/23 x 180 day(s)	
	Indication: Allergic rhinitis, Asthma	

Inmate Name: PROPHET, SUSAN ELISE
 Date of Birth: 08/16/1968
 Encounter Date: 07/11/2022 08:02

Sex: F Race: WHITE
 Provider: Lindner, Linda MD

Reg #: 26698-045
 Facility: WAS
 Unit: D04

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
138418-WAS	Prazosin Cap 1 MG	07/11/2022 08:02
Prescriber Order: Take three capsules (3 MG) by mouth at bedtime x 180 day(s)		
Indication: Posttraumatic Stress Disorder		
141020-WAS	Senna 8.6 MG Tab	07/11/2022 08:02
Prescriber Order: Take one tablet (8.6 MG) by mouth twice daily for 90 days x 180 day(s) -- hold for loose stools		
Indication: Constipation, unspecified		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-V-Vitamin D, 25-Hydroxy	One Time	07/13/2022 00:00	Routine
Labs requested to be reviewed by:	Taylor, S. PA-C		

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Spine / Lumbar-2 view	One Time		08/02/2022	Routine
AP/Lat, General Radiology-Knee-2 View				
AP/Lat [Right], General Radiology-Pelvis- General				

Specific reason(s) for request (Complaints and findings):

Chronic LBP and Right Knee

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
MLP Chronic Care Follow up	01/11/2023 00:00	MLP
MH/MED CCC follow		
Chronic Care Visit	07/11/2023 00:00	Physician
Chronic Care Visit	07/11/2023 00:00	Psychiatrist
MH CCC		

Disposition:

Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Other:

ASSESSMENT/PLAN

-- Asthma/Allergic Rhinitis; Pt reports she has gone out for some testing (PFT's) but is still pending her Pulmonary Consultation. Reports still having difficulty breathing. Unclear triggers ('Sometimes -- well most of the time -- I just get short of breath').

-- MH: No issues.

– Constipation: Likely due to medications. Senna works well per pt

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/11/2022 08:02

Sex: F Race: WHITE
Provider: Lindner, Linda MD

Reg #: 26698-045
Facility: WAS
Unit: D04

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/11/2022	Counseling	Plan of Care	Lindner, Linda	Verbalizes Understanding

-- Pt advised on healthy lifestyles including exercise and diet choices

-- Self-Breast Exam discussed including proper technique and frequency. All questions answered

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Lindner, Linda MD on 07/11/2022 08:28

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PROPHET, SUSAN ELISE	Reg #: 26698-045
Date of Birth: 08/16/1968	Sex: F Race: WHITE
Encounter Date: 07/05/2022 09:45	Provider: Taylor, S. PA-C
	Facility: WAS
	Unit: D04

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Taylor, S. PA-C

Chief Complaint: Other Problem

Subjective: Patient seen today to review Pulmonary Function Tests done 5/23/22:

Narrative & Impression

IMPRESSION:

TECHNICAL QUALITY: Good.

LUNG MECHANICS: No airflow obstruction. There is a significant, partial response to bronchodilator. Normal inspiratory loop.

LUNG VOLUMES: No restriction. DIFFUSION: Normal diffusing capacity.

SUMMARY: No airflow obstruction. However, there is a significant bronchodilator response which may suggest an obstructive component. Clinical correlation advised.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/05/2022	09:45 WAS	97.2	36.2	Forehead	Taylor, S. PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/05/2022	09:45 WAS	66	Radial	Regular	Taylor, S. PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
07/05/2022	09:45 WAS	16	Taylor, S. PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/05/2022	09:45 WAS	124/79		Sitting		Taylor, S. PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
07/05/2022	09:45 WAS	99	Room Air	Taylor, S. PA-C

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/05/2022	09:45 WAS	190.0	86.2		Taylor, S. PA-C

Exam:

General

Affect

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/05/2022 09:45

Sex: F Race: WHITE
Provider: Taylor, S. PA-C

Reg #: 26698-045
Facility: WAS
Unit: D04

Yes: Cooperative

No: Irritable, Agitated, Flat, Anxious

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Cachectic, Jaundiced, Lethargic, Obtunded, Dyspneic, Appears in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus

Musculoskeletal

Gait

Yes: Normal Gait

No: Ataxia

ASSESSMENT:

Asthma, J45909 - Current

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Pulmonology Subtype: Pulmonology	08/25/2022	08/25/2022	Routine	No	English

Reason for Request:

Plan:

Referred to Pulmonologist for evaluation.

Patient seen today to review Pulmonary Function Tests done 5/23/22:

Narrative & Impression

IMPRESSION:

TECHNICAL QUALITY: Good.

LUNG MECHANICS: No airflow obstruction. There is a significant, partial response to bronchodilator, Normal inspiratory loop.

LUNG VOLUMES: No restriction. DIFFUSION: Normal diffusing capacity.

SUMMARY: No airflow obstruction. However, there is a significant bronchodilator response which may suggest an obstructive component. Clinical correlation advised.

Plan:

Referred to Pulmonologist for evaluation.

Provisional Diagnosis:

Asthma

Disposition:

Follow-up at Sick Call as Needed

Follow-up at Chronic Care Clinic as Needed

Consultation Written

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 07/05/2022 09:45

Sex: F Race: WHITE
Provider: Taylor, S. PA-C

Reg #: 26698-045
Facility: WAS
Unit: D04

Other:

Plan:

Referred to Pulmonologist for evaluation.

Patient counseled on results and treatment plan.

Patient verbalized understanding and agrees.

Patient allergies reviewed and needed updates applied during the visit. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/05/2022	Counseling	Access to Care	Taylor, S.	Verbalizes Understanding
07/05/2022	Counseling	Compliance - Treatment	Taylor, S.	Verbalizes Understanding
07/05/2022	Counseling	Plan of Care	Taylor, S.	Verbalizes Understanding
07/05/2022	Counseling	Test/X-ray Results	Taylor, S.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Taylor, S. PA-C on 07/05/2022 11:57

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	PROPHET, SUSAN ELISE	Reg #:	26698-045
Date of Birth:	08/16/1968	Facility:	WAS
Note Date:	05/26/2022 12:20	Provider:	D04

Admin Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Taylor, S. PA-C

Pulmonary Function Tests done 5/23/22:

Narrative & Impression

IMPRESSION:

TECHNICAL QUALITY: Good.

LUNG MECHANICS: No airflow obstruction. There is a significant, partial response to bronchodilator. Normal inspiratory loop.

LUNG VOLUMES: No restriction. DIFFUSION: Normal diffusing capacity.

SUMMARY: No airflow obstruction. However, there is a significant bronchodilator response which may suggest an obstructive component. Clinical correlation advised.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Taylor, S. PA-C on 05/26/2022 12:22

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 05/23/2022 15:26

Sex: F Race: WHITE
Provider: Sietsema, Holly NRP

Reg #: 26698-045
Facility: WAS
Unit: D04

EMT/Para - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Sietsema, Holly NRP

Chief Complaint: Medical Trip Return

Subjective: The inmate presents post med trip for a pulmonology consult. The inmate denies any symptoms at this time

Pain: No

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/23/2022	15:26	73			Sietsema, Holly NRP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/23/2022	15:26 WAS	116/79				Sietsema, Holly NRP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/23/2022	15:26 WAS	100		Sietsema, Holly NRP

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry

Exam Comments

The inmate ambulated to medical with no difficulties. Vitals and an assessment was done. Only the PFT was done due to scheduling conflict. Pulmonology testing to follow.

ASSESSMENT:

Other

Med trip return

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 05/23/2022 15:26

Sex: F Race: WHITE
Provider: Sletsema, Holly NRP

Reg #: 26698-045
Facility: WAS
Unit: D04

Other:

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

Date Initiated Format
05/23/2022 Counseling

Handout/Topic Access to Care

Provider
Sietsema, Holly

Outcome

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Sietsema, Holly NRP on 05/23/2022 15:28

Requested to be cosigned by Lindner, Linda MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 03/31/2022 11:40

Sex: F Race: WHITE
Provider: Peterson, J. RN/BSN

Reg #: 26698-045
Facility: WAS
Unit: D04

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Peterson, J. RN/BSN

Chief Complaint: Breathing Problems

Subjective: Inmate states that she is still using her rescue inhaler more than it is intended to be used. Inmate states that at random times she will lose her breath. She also notices that at times it is hard to lay down. Inmate would like to discuss further treatment options.

Patient allergies reviewed and updates applied during this visit if indicated. See Chart:
Allergies for most recent patient allergy list.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/03/2022	11:45 WAS	97.0	36.1		Peterson, J. RN/BSN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/03/2022	11:45	65			Peterson, J. RN/BSN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/03/2022	11:45 WAS	16	Peterson, J. RN/BSN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/03/2022	11:45 WAS	99		Peterson, J. RN/BSN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Lethargic, Dyspneic, Cyanotic, Diaphoretic

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Exam Comments

Inmate is not in distress at this time. Inmate also states that she had a consult in to go out and see the pulmonologist but has never went. Consult still in and pending. Will talk to scheduler to see about getting it scheduled.

ASSESSMENT:

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 03/31/2022 11:40

Sex: F Race: WHITE
Provider: Peterson, J. RN/BSN

Reg #: 26698-045
Facility: WAS
Unit: D04

Other

PLAN:

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	04/18/2022 00:00	MLP

Inmate states that she is still using her rescue inhaler more than it is intended to be used. Inmate states that at random times she will lose her breath. She also notices that at times it is hard to lay down. Inmate would like to discuss further treatment options.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/03/2022	Counseling	Access to Care	Peterson, J.	Verbalizes Understanding

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Peterson, J. RN/BSN on 04/03/2022 11:51

Requested to be cosigned by Lindner, Linda MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	PROPHET, SUSAN ELISE	Reg #:	26698-045
Date of Birth:	08/16/1968	Facility:	WAS
Note Date:	02/11/2022 08:47	Provider:	Lindner, Linda MD
		Unit:	D04

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Lindner, Linda MD

Pt was noted by EMS Sick Call to have the following complaint:

"Inmate reports having issues with shortness of breath. Has had a recent change to inhaler but has been using it more than recommended. Having increased work of breathing with exertion. Requests a change to her inhalers. Denies any fever, chills, or loss of scent/taste."

Pt to follow-up with PCP. PCP notification through this encounter

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Lindner, Linda MD on 02/11/2022 08:50

Requested to be reviewed by Taylor, S. PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 02/11/2022 10:05

Sex: F Race: WHITE
Provider: Taylor, S. PA-C

Reg #: 26698-045
Facility: WAS
Unit: D04

Mid Level Provider - Sick Call Note encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Taylor, S. PA-C

Chief Complaint: PULMONARY/RESPIRATORY

Subjective: Patient seen for requested sick call appointment. Patient presents today and states "I've been still feeling short of breath even when I'm not doing anything, and I have been going through my albuterol inhaler too quickly, I'm out right now, I can't catch my breath sometimes, I'm still waiting to be seen by the Pulmonary." Patient is also prescribed Albuterol MDI and Fluticasone/Salmeterol MDI 250-50 1 puff BID for the Symbicort MDI due to formulary restriction for pulmonary sx Singular and Fluticasone Nasal MDI. Compliance with medication has been good according to the refill history of the pharmacy records. Patient denies any side effects from these medications. Patient today relates the most bothersome sx she experiences is her breathing sx upon exertion and also at rest, per patient history.

Plan:

Will Increase the dose of the Fluticasone/Salmeterol MDI 2 puffs BID to 250-50 MDI for Asthma sx

Will Continue the Albuterol MDI as currently prescribed.

Will Start a Prednisone Taper on the Bedtime pill line.

Pending Pulmonary Consult appointment.

Patient verbalized understanding and agrees.

Patient allergies reviewed and needed updates applied during the visit. See Chart: Allergies for most recent patient allergy list.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
02/11/2022	10:05 WAS	96.5	35.8	Forehead	Taylor, S. PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
02/11/2022	10:05	74	Radial	Regular	Taylor, S. PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
02/11/2022	10:05 WAS	18	Taylor, S. PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
02/11/2022	10:05 WAS	105/40		Sitting		Taylor, S. PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
02/11/2022	10:05 WAS	98	Room Air	Taylor, S. PA-C

Weight:

Inmate Name:	PROPHET, SUSAN ELISE	Reg #:	26698-045
Date of Birth:	08/16/1968	Facility:	WAS
Encounter Date:	02/11/2022 10:05	Unit:	D04

Date	Time	Lbs	Kg	Waist Circum.	Provider
02/11/2022	10:05 WAS	187.6	85.1		Taylor, S. PA-C

Exam:

General

Affect

Yes: Cooperative

No: Irritable, Agitated, Flat, Anxious

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Cachectic, Jaundiced, Lethargic, Obtunded, Dyspneic, Appears in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Coughing, severe w production green/brown mucus, Respiratory Distress, Obstructive Breathing, Stridor, Agonal Breathing, Accessory Muscle Use, Splinting, Retractions, Nasal Flaring

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing, Diminished Breath Sounds, Absent Breath Sounds, Pleural Rub

Cardiovascular

Observation

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

No: Irregular Rhythm

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Gait

Yes: Normal Gait

No: Ataxia

ASSESSMENT:

Allergic rhinitis, J309 - Current

Asthma, J45909 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Fluticasone/Salmeterol Inhal 250-50 MG (Diskus)	02/11/2022 10:05
	<u>Prescriber Order:</u> 2 puffs Orally - Two Times a Day x 180 day(s)	
	Indication: Asthma	
	prednISONE Tablet	02/11/2022 10:05
	<u>Prescriber Order:</u> Orally(1) 60 mg at bedtime x 3 day(s) Pill Line Only -- *** (2) 40 mg at bedtime x 3 day(s) Pill Line Only -- *** (3) 20 mg at bedtime x 3 day(s) Pill Line Only -- *** (4) 10 mg at bedtime x 3 day(s) Pill Line Only -- Then Stop	

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 02/11/2022 10:05

Sex: F Race: WHITE
Provider: Taylor, S. PA-C

Reg #: 26698-045
Facility: WAS
Unit: D04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
	Indication: Asthma	

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
135562-WAS	Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT	02/11/2022 10:05
	<u>Prescriber Order:</u> Don't use daily. Inhale 2 puffs by mouth 4 times a day as needed to prevent/relieve asthma attack (inhaler to last 90 days. If need more, make sick call) "Empty container is to be returned for refill" PRN x 365 day(s)	
	Indication: Asthma	
135561-WAS	Fluticasone Prop 50mcg, 16ml Nasal spray	02/11/2022 10:05
	<u>Prescriber Order:</u> Spray one puff in each nostril twice daily x 180 day(s)	
	Indication: Allergic rhinitis, Asthma	
135559-WAS	Montelukast Sodium 10 MG Tab	02/11/2022 10:05
	<u>Prescriber Order:</u> Take one tablet (10 MG) by mouth daily **non-formulary approved until: 5/5/23 x 180 day(s)	
	Indication: Allergic rhinitis, Asthma	

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
135560-WAS	Fluticasone/Salmeterol 250-50, #60 Inhal	02/11/2022 10:05
	<u>Prescriber Order:</u> Activate & Inhale one puff by mouth twice daily **rinse mouth after use** "Empty container is to be returned for refill"	
	Discontinue Type: When Pharmacy Processes	
	Discontinue Reason: Order changed	
	Indication:	

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed

Other:

RN charged the copay

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/11/2022	Counseling	Access to Care	Taylor, S.	Verbalizes Understanding
02/11/2022	Counseling	Compliance - Treatment	Taylor, S.	Verbalizes Understanding
02/11/2022	Counseling	Plan of Care	Taylor, S.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Taylor, S. PA-C on 02/11/2022 11:16

Inmate Name: PROPHET, SUSAN ELISE
Date of Birth: 08/16/1968
Encounter Date: 02/10/2022 12:06

Sex: F Race: WHITE
Provider: Sietsema, Holly NRP

Reg #: 26698-045
Facility: WAS
Unit: D04

Exam Comments

Increased work of breathing. No accessory or retractions noted. Tachypnea. Able to speak in short broken sentences. Standing straight up

Comments

The inmate ambulated to the unit office with no difficulties. Vitals and an assessment was done. Rapid Covid was ran and is negative. Last tested on 2/7 and was negative. Will put in top see the provider for possible medication change.

ASSESSMENT:

Shortness of Breath

PLAN:

Disposition:

To be Evaluated by Provider

Discharged to Housing Unit-No Restrictions

Other:

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/10/2022	Counseling	Access to Care	Sietsema, Holly	Verbalizes Understanding
02/10/2022	Counseling	Plan of Care	Sietsema, Holly	Verbalizes Understanding

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Sietsema, Holly NRP on 02/10/2022 12:15

Requested to be cosigned by Lindner, Linda MD.

Cosign documentation will be displayed on the following page.